



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 118496		2. Exact name of the limited liability company 2612 Realty Company, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, manage and sell real estate and any related activity.	
5. Principal office address 2612 Victory Highway		City Burrillville	State RI
			Zip 02830
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael P. Gaudette		Contact Title	
Street Address 2612 Victory Highway		City Burrillville	State RI
			Zip 02830
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Paul A. Brule, Esq.		Address	
Address 1334 Mendon Road		City Cumberland	Zip 02864

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

118496

FILED	
File Date	OCT 06 2010
Check No.	
By	<i>mnc</i>
	10072
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael P. Gaudette 9/10/10
Signature of Authorized Person Date

Michael P. Gaudette

Print or Type Name of Authorized Person